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The Importance of the Development of a Pediatric Emergency Research Network in Latin-America: RIDEPLA (Red de Investigación y Desarrollo de la Emergencia Pediátrica en Latino-America)

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Many of the diseases in the pediatric population are rare and the evidence in the management in the emergency setting of certain illnesses is extrapolated from the adult population. Obtaining patient samples that are statistically significant at the time is difficult and management today should be evidence-based.

In Latin America the existence of social and economic disparities and allocation of resources for the care of critically ill children varies widely according to each country, resulting in barriers and differences in disease management. There is little data from research studies published in peer-review journals from our region and this can be related to a lack of economic incentives to do research, no allocated time during clinical shifts and lack of protocols to maintain research studies. It is because of the above that we saw the need to initiate collaborative studies in our region, following the example of other regional research networks worldwide. (Klassen, 2021)

The Red de Investigación y Desarrollo de la Emergencia Pediátrica Latinoamericana (RIDEPLA) is a network that was developed to generate knowledge and the best practice for the care of pediatric patients in the emergency departments in Latin America. It aims to improve the health care of children and adolescents that required adequate and timely interventions. It helps to develop relevant and rigorous multicenter research, for the prevention and management of acute diseases and injuries in the pediatric population to improve their health in all processes of care. This initiative provides leadership and support in research among network investigators and promotes interaction with other organizations or individuals whose objective is health care.

The network was created by a group of pediatric emergency physicians from Argentina and Uruguay with the support of Dr. Nathan Kuppermann during a visit to Buenos Aires in 2011. The creation of RIDEPLA was conceived before the recognition of Pediatric Emergency Medicine as a subspecialty in several countries of the region (Kohn, 2018). Also, it was in 2017 after the creation of the Pediatric Emergency Latin America Society (SLEPE) that RIDEPLA was established as the research working committee for the Society. (Grupo de Trabajo de RIDEPLA, 2020)

RIDEPLA is led by a group that coordinates the activities of the network and is currently integrated by representatives from Argentina, Brazil, Colombia, Costa Rica, Paraguay, and Uruguay. Members of RIDEPLA can be all those members of SLEPE who were enrolled in the Network prior to the agreement between the individual and the Network.

In May 2019, RIDEPLA formally joined the Pediatric Emergency Research Networks (PERN) with

the publication of a peer-review manuscript from our work in pediatric sepsis (Kohn-Loncarica,2021), and since then RIDEPLA has participated in periodic meetings of its Executive Committee, collaborative research studies, and currently several ongoing projects that once finished will be prepared for publication. (Craig, 2020)

PERN was established in 2009 with the intent for existing national and regional research networks in pediatric emergency care to organize globally for the conduct of collaborative research across networks. (Klassen, 2021) It was first funded by major national and international pediatric emergency medicine research networks located in the United States, Canada, Australia-New Zealand, Europe, and the Middle East. Together the research networks have access to data from over 2 million pediatric emergency presentations per year, to over 100 hospitals, in four of the six World Health Organization (WHO) regions to perform important and scientifically international collaborative research in the field.

RIDEPLA's research agenda is governed, in general, by the research agendas obtained by consensus in the SLEPE Working Groups. Investigators participating in studies from the network come from different countries like Argentina, Brazil, Bolivia, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, México, Panama, Paraguay, Peru, and Uruguay. Our aim for next year is to incorporate more site investigators from hospitals not participating so far, letting us increase sample sizes and more representation from all parts of Latin America. One interest of the network is also to develop information that can help in the management of different diseases adapted to our reality, as well as giving scientific advice when needed and promoting standard practice among our countries.

Currently, research topics that are being investigated by different SLEPE working groups under RIDEPLA's supervision and guidance are adherence to septic shock guidelines, interhospital transfer, education, and resources in the pediatric emergency departments of Latin American hospitals.

In Latin America, the gaps in knowledge due to language barriers, development of subspecialty, education in pediatric emergency medicine, and research support with lack of economic resources to address this across countries and provinces from one country is wide. The mission of RIDEPLA is to help fill the gaps in research in our region and develop new investigative pathways focusing on evidence-based medicine with multi-site, multi-country projects to contribute to knowledge and overcome differences in pediatric emergency care in Latin America; aiming to disseminate information, evaluate clinical outcomes of different diseases, and lastly promote in the future good practices and encourage research in our region.

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